

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Mailing Address <b>100 Indiana Avenue, N.W.</b>		Amount <b>450.07</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D540416</b>
Purpose of Expenditure InKind Staff		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>10869.66</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>596.92</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540417</b>
Purpose of Expenditure InKind Staff		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>24152.56</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>1046.99</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Elizabeth H Shuler</i>		Date M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
		[Electronically Filed]	